

6058358313

## South Dakota Board of Nursing

South Dakota Department of Health 722 Main Street, Suite 3; Spearfish, SD 57783 (605) 642-1388; Fax: (605)642-1389; www.state.sd.us/doh/nursing

### Nurse Aide Application for Re-Approval of Training Program

All Nurse Aide (NA) Training Programs in South Dakota must be approved by the South Dakota Board of Nursing pursuant to ARSD 44:04:18:15. Approval status is granted for a two-year period. Written approval or denial of approval will be issued within 90 days after receipt of the application. Send completed application and supporting documentation to:

> South Dakota Board of Nursing 722 Main Street, Suite 3 Spearfish, SD 57783

4500							
Name of Institution: Avera Roselaid Country Cave							
Ac	Idress: 300 Park Ave Gregory SD 575.33						
-							
	one Number: 605 - 835 - 8313						
-	mail Address of Faculty: MOXY. Ahlers e avera, org /elsie, otaceke avera						
E o	Just a North						
	Request re-approval without changes to program coordinator, primary instructor, supplemental personnel or						
RÍ	List personnel and licensure information     Complete evaluation of the curriculum     Request re-approval with faculty changes and/or curriculum changes.						

- - 1. List personnel and ilcensure information, attach curriculum vitas, resumes, or work history for new personnel
  - Complete evaluation of the curriculum
  - 3. Submit documentation to support requested curriculum changes

### 1. List Personnel and Licensure Information:

Program Coordinator must be a registered nurse with 2 years nursing experience, at least one of which is in the provision of long-term care services. The Director of Nursing (DON) may serve simultaneously as the program coordinator but may not perform training while serving as DON. (ARSD 44:04:18:10)

Name of Program Coordinator		RN LICENSE			
Traine Of Program Coordinator	State	Number	Expiration	Verification	
Elsie Stacek RN	SD	50-RN R02868	2/23/17	(Completed by SDBON)	

If requesting new Program Coordinator, attach curriculum vita, resume, or work history

Primary Instructor must be a licensed nurse (RN or LPN) with 2 years nursing experience, at least one of which is in the provision of long-term care services. The primary instructor is the actual teacher of course material. (ARSD 44:04:18:11)

Name of Primary Instructor	101.77	RN	OR LPN LICEN	G and a second
Name of Annary Instructor	State	Number	Expiration	Verification (Gompleted by SDBON)
Elsie Placek BM	50	50-RN R02868	2 2/23/17	(Completed by SDBON)

equesting new Primary Instructor, attach curriculum vita, resume, or work history, and attach documentation supporting previous experience in teaching adults within the past five years or documentation of completing a course in the instruction of adults.

Supplemental Personnel may assist with instruction, they must have one year of experience in their respective field of practice, i.e. additional licensed nurses, social worker, physical therapist. (ARSD 44:04:18:12) If requesting new Supplemental Personnel, attach curriculum vita, resume, or work history.

3.



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	EICENSURE/REGISTRATION			
Supplemental Personnel & Credentials	State	Number	Expiration Date	Verification (Completed by
Roxanne Ahlers KN	NE	68189	10/3/16	SDBON)
			4	

2. Complete Evaluation of the Curriculum: Indicate compliance relative to each standard during the previous two years. Explain any "no" responses on a separate sheet of paper. (Pursuant to ARSD 44:04:18 07, the Department of Health may conduct an unannounced on-site visit to determine compliance with requirements.)

0	tandard	Yes	No
9	Program was no less than 75 hours.		146
•	Provided minimum 16 hours of instruction prior to students having direct patient contact.	V	
•	Provided minimum 16 hours of supervised practical instruction; instructor ratio did not exceed 8 students for one instructor.	V	-
A	Provided instruction on each content area (see ARSD 44:04:18:15):	V	
_	Basic nursing skills	V	
	Personal care skills	V	
	Mental health and social services	V	
	Care of cognitively impaired clients	V	
	Basic restorative nursing services	1	
-	Residents' rights	V	<b></b>
,	Students did not perform any patient services until after the primary instructor found the student to be competent	V	
)	Students only provided patient services under the supervision of a licensed nurse	~	
•	Your agency maintains a 75% pass rate of students on the competency evaluation (written and skills exam taken through the SD Healthcare Association).	V	

3.	Submit Docur	mentation to Support Requested Curricu	lum Changes:
Na	ame of Course (if app		AESS
			oom Instruction such as independent study, video of book or resource, publisher, publication date, etc)
Sut	Ibmit documentation to Behaviorally stated Curriculum, objection A minimum of Communiculum of Care; the instruction in Basic ni	that supports requirements listed in ARSD 44: objectives with measurable performance critically objectives with measurable performance critically objectives and agenda documenting the requirement of 16 hours of instruction prior to student having unication and interpersonal skills, infection conts' independence, respecting residents' rights of 16 hours of supervised practical instruction of 16 hours of supervised practical instruction of 17 true of the following content areas (see ARS pursing skills (including documentation) including documentation) including documentation including documentation including documentation.	04:18:15, including: eria for each unit of curriculum ts for the minimum 75 hour course as follows: ng direct patient contact; the 16 hours must include: ntrol, safety/emergency procedures, promoting with enough instructors to ensure safe and effective one instructor. D 44:04:18:15 for more detail):
	to a sup Persona	pervisor; and caring for dying clients	oning and the importance of reporting such changes



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Mental health and social services, including: responding appropriately to behaviors; awareness of developmental tasks associated with aging process; respecting personal choices and preserving clier dignity, and recognizing sources of emotional support;						
	and recognizing sources or emotion	nal support; ng: communication and techniques for addressing unique				
	: self-care; use of assistive devices in transferring; ambulation, ing and positioning in bed and chair; bowel and bladder care					
and training; and care and use of prosthetic and orthotic devices;  Residents' rights, including: privacy and confidentiality; self-determination; reporting grievances and disputes; participating in groups and activities; security of personal possessions; promoting an environment free from abuse, mistreatment, and neglect and requirement to report; avoiding restraint.						
Program Coor	dinator Signature: Signature:	nger RN 85N Date: 8-11-16				
	be completed by the South Dakota Boar	d of Nursing				
Date Application		Date Application Denied:				
Date Approved: Reason for Denial:						
Expiration Date		•				
Board Represe						
Date Notice Se	nt to Institution:					
	8/201					